BEST AVAILABLE COPY

PATENT	APPLICATION	FEE DETERMIN	ATION RECORD
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Effective October 1, 2000

Application or Docket Number

SONYPO07/50P4287

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS		29				1	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			29 minus 20=		. 9			X\$ 9=	•	OR	X\$18=	162
INDEPENDENT CLAIMS			3 minus 3 =		· Ø			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column					olumn 2		TOTAL		OR		872	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY		OR	OTHER SMALL	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***	T 01 2 2 2	=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	'ENDEN	CLAIM			+135=		OR	+270=	
	•							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	ALTATION OF M	Minus	•••	T C1 4144	=	 	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+135=		OR	+270=	
							1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)						-
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	•••		=]	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	T CLAIM		J			1	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											 	
••	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											<u></u>
	The "Highest Num						er fo	und in the ap	propriate bo	x in co	olumn 1.	